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Bib Data Sheet

CONFIRMATION NO. 3323

<b>SERIAL NUMBER</b> 10/560,294	<b>FILING OR 371(c) DATE</b> 05/31/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> REVEL17
<b>APPLICANTS</b> Revel Michel, Rehovot, ISRAEL; Judith Chebath, Rehovot, ISRAEL; Peter Lonai, Rehovot, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL04/00507 06/13/2004				
<b>** FOREIGN APPLICATIONS *****</b> ISRAEL 156430 06/12/2003 ISRAEL 159226 12/07/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/20/2006				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 51
				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 1444				
<b>TITLE</b> Method of generating oligodendrocytes from neurosphere cells				
<b>FILING FEE RECEIVED</b> 3180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	